

Kansas Department for Aging and Disability Services
**NURSE AIDE AND HOME HEALTH AIDE
ACCOMMODATION REQUEST FORM**

Any trainee who has a physical, learning, psychological or other reason for requesting a reasonable accommodation or auxiliary aide to take the state test, may complete and submit this form. You must have performed in a satisfactory manner in both a class/theory and in a lab/clinical setting of the course. **The applicant must complete the front of this form and the course instructor must complete the back side of this form.**

An accommodation must be requested in advance. The accommodation request form must accompany the I.D. slip and reach Health Occupations Credentialing at least three weeks prior to the desired testing date.

Instructor name: _____ Course Number: _____

TRAINEE MUST COMPLETE THE FOLLOWING:

A. TRAINEE'S INFORMATION

Name _____
Last First MI

Address _____
Street City State Zip

Phone Number Home _____ Work _____

Social Security Number _____ - _____ - _____

B. REASON FOR REQUEST (Check all that apply)

_____ Deaf
_____ Hard of Hearing
_____ Visually Impaired
_____ Physical Disability (please explain) _____
_____ Special Learning Disability (please explain) _____
_____ Psychological Disability (please explain) _____
_____ Other (please explain) _____

C: REQUESTED ACCOMMODATIONS (Check all that apply)

_____ Reader/Oral Test (**Nurse Aide Test ONLY**)
_____ Sign Language Interpreter
_____ Large Print
_____ Extended Time
_____ Time and a half _____ Double Time

D. WAS THE SAME ACCOMMODATION REQUESTED IN TAKING THE NURSE AIDE OR HOME HEALTH AIDE COURSE?

_____ Yes _____ No If no, why not? _____

I do hereby attest that the information supplied in this application and any attachments are accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments.

Signature of Trainee _____ Date _____
(INSTRUCTOR MUST COMPLETE THE PAGE BELOW)

INSTRUCTOR MUST COMPLETE THE FOLLOWING:

If you have a trainee who has a physical, learning, psychological, or other reason that you believe requires a reasonable accommodation or auxiliary aide to take the state nurse aide or home health aide test, please complete this page of the form and submit this form to the address below.

A. I have known _____ since _____
in my capacity as a _____
professional title

B. It is my opinion the candidate should be accommodated by providing the following:

_____ Reader/Oral Test (**Nurse Aide Test ONLY**)
_____ Sign Language Interpreter
_____ Large Print
_____ Extended Time
_____ Time and a half _____ Double Time

C. Was the accommodation provide for in the nurse aide or home health aide course?

_____ Yes _____ No If no, why is it being requested for the state test? _____

I do hereby attest that the information supplied in this application is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. I do hereby request that the Kansas Department of Health and Environment provide the above requested accommodation for the candidate.

Signature of Instructor or other verifying professional: _____

Date: _____

Address: _____

Phone: _____
Work Home

Return to: Health Occupations Credentialing
Kansas Department for Aging and Disability Services
503 S Kansas Ave.
Topeka, Kansas 66603-3404
(785) 296-1250